**The University of Texas at Arlington**

**College of Nursing and Health Innovation**

**N5425 Psychiatric Mental Health Advanced Nursing II**

**Spring 2017**

**Instructor(s): Linda Trowbridge, MSN, RN, PMHNP-BC**

***Assistant Clinical Professor, Lead Teacher***

Office Number: Pickard Hall, Rm. # 626

Office hours: By appointment

Email: lstrowbridge@uta.edu

Faculty profile: <https://www.uta.edu/profiles/linda%20-trowbridge>

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**Natalia Albright, DNP, MSN, RN, PMHNP-BC**

 ***Assistant Clinical Professor***

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 Office Hours: By appointment

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 Faculty Profile: TBA

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 **Marcia Harris, DNP, MSN, RN, PMHNP-BC**

 ***Assistant Clinical Professor***

Office Number: Pickard Hall, Rm #626

 Office Hours: By appointment

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 Faculty Profile:

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 **Julie Durand, MSN, RN, PMHNP-BC**

 ***Assistant Clinical Instructor***

Office Number: Pickard Hall, Rm #TBA

 Office Hours: By appointment

 Email: TBA

 Faculty Profile: TBA

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 **Kimberly Thompson, DNP, MSN, RN, PMHNP-BC**

 ***Assistant Clinical Instructor***

Office Number: Pickard Hall, Rm # TBA

 Office Hours: By appointment

 Email: TBA

 Faculty Profile: TBA

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 **Jesse Tucker, MSN, RN, PMHNP-BC, CARN-AP**

 ***Assistant Clinical Instructor***

Office Number: Pickard Hall, Rm# TBA

 Office Hours: By appointment

 Email: TBA

 Faculty Profile: TBA

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**Section Information: NURS 5425 Sections 001 – 007, 010, 011**

**Time and Place of Class Meetings:**

Time:Wednesdays 10am to 4pm

Place: Pickard Hall Room 223

Breakout rooms include rooms:

**Description of Course Content:** Focus on diagnosis, pharmacological and non-pharmacological management, and outcomes of individuals, families, and groups experiencing complex mental illnesses and addictions in a variety of settings. Advanced clinical management of individuals, families, and groups at risk for and experiencing complex psychiatric disorders.

**Student Learning Outcomes:** Upon completion of the course, the student will be able to:

1. Diagnose individuals with complex acute and chronic psychiatric disorders, integrating biopsychosocial theories.
2. Provide culturally, spiritually, ethnicity, age, gender, and sexual orientation sensitive mental health care in populations with complex acute and chronic psychiatric disorders.
3. Use evidence based psychopharmacological and non-pharmacological interventions in the management of complex acute and chronic psychiatric disorders.
4. Evaluate complex acute and chronic mental health care using selected outcomes.
5. Participate in informed legal and ethical decision-making in providing complex acute and chronic mental health care in the primary, secondary, and tertiary care settings.
6. Function as a member of the interdisciplinary health care team in the delivery of quality mental health care.

**Required Textbooks and Other Course Materials:**

1. American Psychiatric Association, (2013). *Diagnostic and statistical manual of mental*

 *disorders (DSM-5).* (5th ed.). Washington, DC: American Psychiatric Association **ISBN:**

 **9780890425558**

1. American Psychological Association. (2010). *Publication manual of the American*

 *Psychological Association. (6th ed.).* Washington, D. C.: American Psychological

 Association. ISBN 9781433805615.

1. Sadock, B.J., Sadock, V.A., & Ruiz, P. (2014). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Philadelphia: Lippincott Williams &Wilkins. **ISBN: 9781609139711**
2. Stahl, S. (2013). *Stahl’s essential psychopharmacology*: *Neuroscientific basis and practical applications.* (4th ed.). Cambridge: Cambridge University Press. **ISBN: 9781107686465**
3. Corey, G. (2016). *Theory and practice of counseling and psychotherapy*. (10th ed.). Cengage Learning. **ISBN:** **9781305263727**
4. Wheeler, K. (2013). *Psychotherapy for the advanced practice psychiatric nurse*.(2nd ed)Springer Publishing Company. **ISBN: 9780826110008**
5. Stahl, S. M. (2014). *Stahl’s essential psychopharmacology: Prescriber’s guide,* (5th ed.), Cambridge University Press. **ISBN: 9781107675025**
6. Stein, D. J, Lerer, B. & Stahl, S.M. (Eds.). (2012) *Essential evidence-based psychopharmacology.* (2nd ed.). Cambridge: Cambridge University Press. **ISBN: 9781107400108**
7. Yearwood, E. L., Pearson, G. S. & Newland, J. A. (2012). *Child and adolescent behavioral health: A resource for advanced practice psychiatric and primary care practitioners in nursing.* Chichester, West Sussex, UK: Wiley-Blackwell. **ISBN: 0813807867.**

**Recommended:**

1. Zimmerman. (2013). *Interview guide for evaluating DSM-5 psychiatric disorders & the mental status.* Psych Products Press. **ISBN: 9780963382115**
2. Carlat. (2016). *Psychiatric interview* (4rth ed.). Philadephia: Wolter Kluwer. **ISBN: 9781496327710**

**Suggested:**

**1** Elbe, D., Bezchlibnyk-Butler, Virani, A.S., Procyshyn (Eds.). *Clinical handbook of psychotropic drugs for children and adolescents.* (2015). Boston: Hogrefe. **ISBN: 978-0-88937-456-0**

**2** Procyshyn, R.M., Bezchlibnyk-Butler, K.Z., Jeffries, J.J. (Eds) (2015).*Clinical handbook of psychotropic drugs*. Boston: Hogrefe. **ISBN: 978-0-88937-474-4**

1. Sobel, S. (2012). *Successful psychopharmacology: Evidenced based treatment solutions for achieving remission*.NY: Norton. **ISBN: 978-0-393-70857-8**

**Descriptions of major assignments and examinations with due dates:**

|  |  |  |
| --- | --- | --- |
| Preceptor Evaluations | P/F | Due 5/10/17 |
| Clinical Notebook including E-log report, objective, summary, tally sheet, self-reflection journal (therapy) preceptor agreement & evaluation | P/F | 3/8/17 and5/10/17, may be turned in in class or via email to Clinical instructor-communicate w/instructor |
| Final clinical practicum | 15% | Faculty evaluates student doing psychiatric evaluation or multiple medication management visits (at least two) and student’s primary preceptor site. Schedule with faculty and preceptor SOAP note due within 48 hours of visit  |
| Case presentation on BB/lead discussion | 12.5% | Student posts disorder-specific SOAP note (sign up 1st class) on assigned discussion board and monitors posts from peers for 5 days. 1 SOAP per student, total 6 weeks of postings with two students presenting & discussing with ½ of clinical group 2/13- Bipolar and schizophrenia; 2/20- addiction/co-occurring disorders and eating disorder; 2/27- TRD and TBI; 3/27- OCD or PTSD and anxiety disorder 4/3- Geri delirium and NCD, 4/10- Child ADHD and ASD  |
| Test 1 | 12.5% | Date 2/15/17  |
| Test 2 | 12.5% | Date 3/29/17  |
| Comprehensive Final | 15% | Date 5/10/17 |
| Analysis of treatment guidelines paper | 10% | Due 4/21/17 posted to assignment page and discussion page. Sign up for topic on discussion board (see guidelines) |
| Medication management write ups (2) | 7.5% | Due 2/24; 3/24; post on assignment page |
| Online quizzes (5)  | 5% | 2/5; 2/19; 3/12; 4/2; 4/23, 30 mins, Fri 4 pm to Sun 4 pm |
| Blackboard participation (cases) | 7.5% | Respond to peer’s case presentation on blackboard; reviews and is responsible for other groups discussion  |
| Classroom Participation  | 2.5% | Participation in each class, well prepared for topics of discussion  |

Application BON Webinar P/FRequired: Friday, April 6 10 am to 11 am. You MUST participate and it is only offered one time, no cost. Board web site: <https://www.bon.texas.gov/catalog/#webinars>; Fill out attestation and submit to assignment page for credit.

**Attendance Policy:** At the University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students’ academic performance, which includes establishing course-specific policies on attendance. As the instructor of this course, I will have **a graded activity in each class and attendance is expected.** *See grading criteria for details.* Attendance rules applied in this course are course specific and *not* a matter of institutional policy.

**Other Requirements:** Prerequisites: N5424; NURS 5303; NURS 5305 or concurrent enrollment, or Certificate Program Standing.

Classroom and blackboard participation is required in this course. Required 90 hours of clinical time with chief focus this semester on differential diagnosis and medication management. Continue with therapy clinical hours in group, family and individual therapy. Grid tally sheet is for total program. The student keeps track weekly and brings forward hours from previous semester(s). Some classes may be scheduled to end ½ to 1 hour past 4pm. There are 3 online tests on non-class days; most assignments are due on non-class days. There will be online discussion on blackboard for several assignments with your clinical group; lectures posted before class day to be viewed/listened to before class.

**Respondus: Using LockDown Browser for Online Exams**

This course requires the use of LockDown Browser and an external webcam for online exams; you must have an external webcam for this. Click on link on face page of Blackboard and watch the video and then install respondus to your computer desktop. You will need to use a webcam to scan your student id card and to scan your environment before taking the exam and so must purchase an external webcam

To take an online test, start by closing all browsers; then open your Respondus LockDown Browser and navigate to the exam. You do not need a password to take the exams. (You won’t be able to access the exam with a standard web browser.)

For additional details on using LockDown Browser, Contact Bb support or the HELP desk for any questions about this browser.

Finally, when taking an online exam, follow these guidelines:

* Ensure you’re in a location where you won’t be interrupted
* Turn off all mobile devices, phones, etc.
* Clear your desk of all external materials — books, papers, other computers, or devices
* Remain at your desk or workstation for the duration of the test
* LockDown Browser will prevent you from accessing other websites or applications; you will be unable to exit the test until all questions are completed and submitted
* Scan your student id card for identification purposes and scan the environment of the area where you are taking the exam.

**Grading Policy:** Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

Course Grading Scale

A = 90 to 100

B = 80-89

C = 70-79

D = 60 to 69 – cannot progress

F = below 59 – cannot progress

**Grade Grievances**: Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current University Catalog.

**Make-up Exams:** Please contact your faculty for approval.

**Test Reviews:** Contact faculty for instructions.

**Expectations of Out-of-Class Study:** Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 9 hours per week on their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc.

**CONHI – language**

**Drop Policy:** Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor.

Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Office of Financial Aid and Scholarships at <http://www.uta.edu/fao/>  .  The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20166>

1.      A student may not add a course after the end of late registration.

2.      A student dropping a graduate course after the Census Date but on or before the last day to drop may, receive a grade of W. Students dropping a course must:

(1)  Contact your graduate advisor to obtain the drop form and further instructions before the last day to drop.

**Census Day: February 1, 2017**

**Last day to drop or withdraw March 31, 2017 by 4:00 p.m.**

**Disability Accommodations:** UTArlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA), The Americans with Disabilities Amendments Act (ADAAA),* and *Section 504 of the Rehabilitation Act.* All instructors at UT Arlington are required by law to provide “reasonable accommodations” to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of **a letter certified** by the Office for Students with Disabilities (OSD).Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting:

**The Office for Students with Disabilities, (OSD)** [www.uta.edu/disability](http://www.uta.edu/disability) or calling 817-272-3364. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

**Counseling and Psychological Services, (CAPS)** [www.uta.edu/caps/](http://www.uta.edu/caps/) or calling 817-272-3671 is also available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

**Non-Discrimination Policy:** *The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit*[*uta.edu/eos*](http://www.uta.edu/hr/eos/index.php)*.*

**Title IX Policy:** The University of Texas at Arlington (“University”) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated.*For information regarding Title IX, visit* [www.uta.edu/titleIX](http://www.uta.edu/titleIX) or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or [jmhood@uta.edu](file:///C%3A%5CUsers%5Colivier%5CAppData%5CLocal%5CTemp%5Cjmhood%40uta.edu).

**Academic Integrity:**  All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted.

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with the University policy, which may result in the student’s suspension or expulsion from the University. Additional information is available at <https://www.uta.edu/conduct/>.

"Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts."

As a licensed registered nurse, graduate students are expected to demonstrate professional conduct as set forth in the Texas Board of Nursing rule **§215.8. in the event that a graduate student holding an RN license is found to have engaged in academic dishonesty, the college may report the nurse to the Texas BON using rule §215.8 as a guide.**

**Plagiarism:**  Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html>

**Student Support Services**: UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include [tutoring](http://www.uta.edu/universitycollege/current/academic-support/learning-center/tutoring/index.php), [major-based learning centers](http://www.uta.edu/universitycollege/resources/college-based-clinics-labs.php), developmental education, [advising and mentoring](http://www.uta.edu/universitycollege/resources/advising.php), personal counseling, and [federally funded programs](http://www.uta.edu/universitycollege/current/academic-support/mcnair/index.php). For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at <http://www.uta.edu/universitycollege/resources/index.php>.

**The English Writing Center (411LIBR)**: The Writing Center Offers free tutoring in 20-, 40-, or 60-minute face-to-face and online sessions to all UTA students on any phase of their UTA coursework. Our hours are 9 am to 8 pm Mon.-Thurs., 9 am-3 pm Fri. and Noon-6 pm Sat. and Sun. Register and make appointments online at http://uta.mywconline.com. Classroom Visits, workshops, and specialized services for graduate students are also available. Please see [www.uta.edu/owl](http://www.uta.edu/owl) for detailed information on all our programs and services.

The Library’s 2nd floor Academic Plaza offers students a central hub of support services, including IDEAS Center, University Advising Services, Transfer UTA and various college/school advising hours. Services are available during the library’s hours of operation. <http://library.uta.edu/academic-plaza>

**Campus Carry:** Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more information, visit <http://www.uta.edu/news/info/campus-carry/>

**Student Success Faculty:** In order to assist masters nursing students who are at academic risk or who need academic support, there are graduate faculty members available to you. The goal of the success faculty members is to support student achievement in masters-level coursework so students can reach their educational goals. Students may contact a success faculty member directly, or a course instructor may encourage you to contact a success faculty member.

The success faculty in the MSN Program:

Dr. Donelle Barnes is available as a writing coach to assist students in the MSN Core courses; theory, research, and evidence based practice. Since these courses are writing intensive, Dr. Barnes can help students improve the clarity and organization of their written papers. She can be reached via email: donelle@uta.edu.

Dr. Mary Schira is available as a success faculty to assist with diverse resources that may include study skills, testing challenges/approaches, managing multiple responsibilities, and addressing personal issues impacting academic performance.   Course content challenges may also be addressed, with referral to additional resources as indicated.  Dr. Schira can be reached via email:  schira@uta.edu.

**Electronic Communication:** UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. **All students are assigned a MavMail account and are responsible for checking the inbox regularly.** There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>.

If you are unable to resolve your issue contact the Helpdesk at helpdesk@uta.edu.

**Student Feedback Survey:** At the end of each term, students enrolled in face-to-face and online classes categorized as “lecture,” “seminar,” or “laboratory” are directed to complete an online Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback via the SFS database is aggregated with that of other students enrolled in the course. Students’ anonymity will be protected to the extent that the law allows. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit <http://www.uta.edu/sfs>.

**Final Review Week:** (Not pertinent to NP students) For semester-long courses**,** a period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

**Emergency Exit Procedures:** Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exit. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

**Librarian to Contact:**

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| --- | --- | --- | --- |
| Peace Williamson 817-272-6208peace@uta.edu | Lydia Pyburn 817-272-7593llpyburn@uta.edu | Heather Scalf817-272-7436scalf@uta.edu | Kaeli Vandertulip817-272-5352Kaeli.vandertulip@uta.edu |

Contact all nursing librarians:

library-nursing@listserv.uta.edu

**Helpful Direct Links to the UTA Libraries’ Resources**

|  |  |
| --- | --- |
| **Research Information on Nursing**  | [**http://libguides.uta.edu/nursing**](http://libguides.uta.edu/nursing) |
| **Library Home Page**  | <http://library.uta.edu/> |
| **Subject Guides**  | <http://libguides.uta.edu> |
| **Ask us** | <http://ask.uta.edu> |
| **Database List**  | <http://libguides.uta.edu/az.php>  |
| **Course Reserves**  | <http://pulse.uta.edu/vwebv/enterCourseReserve.do> |
| **Library Catalog**  | <http://uta.summon.serialssolutions.com/#!/> |
| **E-Journals**  | <http://pulse.uta.edu/vwebv/searchSubject> |
| **Library Tutorials**  | [library.uta.edu/how-to](http://library.uta.edu/how-to) |
| **Connecting from Off- Campus**  | <http://libguides.uta.edu/offcampus> |
| **Academic Plaza Consultation Services** | [library.uta.edu/academic-plaza](http://library.uta.edu/academic-plaza) |
| **Study Room Reservations** | [openroom.uta.edu/](http://openroom.uta.edu/) |

For help with APA formatting, you can go to:

1. <http://libguides.uta.edu>
2. Scroll down and click on “Nursing”
3. Click on “APA Guide” for advice on various aspects of paper writing.  This is a short-cut for the APA Manual.  When in doubt, refer to the Manual.

In addition to providing the general library guide for nursing (<http://libguides.uta.edu/nursing>), we can put together course specific guides for your students.  The subject librarian for your area can work with you to build a customized course page to support your class if you wish. For examples, visit <http://libguides.uta.edu/os> and <http://libguides.uta.edu/pols2311fm> .

**Please contact Kaeli if you would like this for your course.**

**UTA College of Nursing and Health Innovation - Additional Information:**

**Clinical Evaluations:** Students must pass both the didactic and clinical portions of a clinical course in order to pass the course. In order to pass the clinical portion, the student must receive a passing grade (minimum of 80%) on the faculty evaluation of the student’s clinical performance (Nurse Practitioner Clinical Evaluation). Students who fail a faculty evaluation have a one-time option to retake the practicum. A second faculty member will be present during the clinical performance retake. If the student passes the clinical performance retake (minimum of 80%), the **maximum** grade the student can receive for the exam for purposes of grade calculation is 80%. If the student fails the retake, the student will receive a grade of “F” for the course.

**Status of RN Licensure:** All graduate nursing students must have an unencumbered license as designated by the Texas Board of Nursing (BON) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes encumbered by the BON must immediately notify the Associate Dean, Department of Graduate Nursing. The complete policy about encumbered licenses is available online at: [www.bon.state.tx.us](http://www.bon.state.tx.us)

**MSN Graduate Student Dress Code:** The College of Nursing and Health Innovation expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. Students must adhere to the Dress Code Policy. www.uta.edu/nursing/file\_download/234/BSNDressCode.pdf **Clinical faculty has final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in clinical.**

**UTA Student Identification: MSN Students MUST be clearly identified as UTA Graduate Students and wear a UTA College of Nursing and Health Innovation ID in the clinical environment.**

**Blood and Body Fluids Exposure:** A Health Verification form was signed by all MSN students at start of the program documenting personal health insurance coverage. All MSN students have mandatory health insurance and will need to manage exposure to blood and fluids. Current CDC guidelines can be found at:<http://www.cdc.gov/>

**Ebola exposure**: Please inform your faculty if you have been in contact with anyone who has Ebola/have traveled to a country that has Ebola virus.

**Confidentiality Agreement:** You signed a Confidentiality Form in orientation and were provided a copy of the form. Please take your copy of this Confidentiality Form with you to your clinical sites. **Please do not sign** other agency confidentiality forms. Contact your faculty if the agency requires you to sign their confidentiality form.

**Graduate Student Handbook:** Students are responsible for knowing and complying with all policies and information contained in the Graduate Student handbook online at: <http://www.uta.edu/conhi/students/msn-resources/index.php>

**Student Code of Ethics:** The University of Texas at Arlington College of Nursing and Health Innovation supports the Student Code of Ethics Policy. Students are responsible for knowing and complying with the Code. The Code can be found in the student handbook online: <http://www.uta.edu/conhi/students/msn-resources/index.php>

**No Gift Policy:** In accordance with Regent Rules and Regulations and the UTA Standards of Conduct, the College of Nursing and Health Innovation has a “no gift” policy. A donation to one of the UTA College of Nursing and Health Innovation Scholarship Funds, found at the following link: is <http://www.uta.edu/conhi/students/scholarships/index.php> would be an appropriate way to recognize a faculty member’s contribution to your learning.  For information regarding Scholarship Funds, please contact the Dean’s office.

**Online Conduct:** The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature.

It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTA CONHI Graduate Student Handbook for more information.

**Graduate Nursing Support Staff**

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| --- | --- |
| **Judy LeFlore, PhD, RN, NNP-BC, CPNP-PC & AC, ANEF, FAAN**Associate DeanChair, Graduate Nursing ProgramsDirector, PNP, ACPNP, NNP ProgramsPickard Hall Office #514Email address:  jleflore@uta.edu | **Kathy Daniel, PhD, RN, ANP/GNP-BC, AGSF**Associate Chair, Graduate Nurse Practitioner ProgramsPickard Hall Office #511817-272-0175Email address: kdaniel@uta.edu |
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|  |
| --- |
| **Graduate Advisors:** |
| **Campus-based and AO Programs: A-C**  **and Post MSN Certificate Students**Lisa RoseGraduate Advisor II, PKH #119Email: lrose@uta.edu  | **Campus-based and AO Programs: D-H**Starlett MitchellGraduate Advisor, PKH #119Email: starlett.mitchell@uta.edu |
| **Campus-based and AO Programs: I-M**Timara Spivey, Graduate AdvisorPickard Hall Office #119Email:  tnspivey@uta.edu | **Campus-based and AO Programs: N-SL****and ALL NNP Program Students:**Luena WilsonGraduate Advisor II, PKH #119Email: lvwilson@uta.edu |
| **Campus-based and AO Programs: N-Z**Caitlin Wade, Graduate Advisor IIPickard Hall Office #119Email:  cwade@uta.edu |  |

**Emergency Phone Numbers:** In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone), 2-3003 (campus phone). You may also dial 911. For non-emergencies, call 817-272-3381.

***For this course, Blackboard communication tools, discussion boards, and UTA MAV email will be used extensively and should be checked often.***

 **Course Schedule.** *As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. – Linda Trowbridge*

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**N5425 Psychiatric Mental Health II**

**Spring 2017 Calendar**

**Wednesdays– Pickard Hall Room 223, 10 am–4 pm**

Additional readings will be added on electronic library reserve and blackboard. You are responsible for all these readings plus any class handouts. You will need to subscribe to Medscape, Current Psychiatry online to access some readings. Please share articles you find and related websites with class.

| **Date/Time** | **Topic** | **Reading Assignment** |
| --- | --- | --- |
| **Jan. 18, 2017** | **Class I** | **Lectures posted by Jan. 17, 2017**  |
| 10-11am | Review of Syllabus |  |
| 11-12 noon | Categories, criteria, specifiers, subtypes of DSM 5 disorders and DSM 5 Last Person Standing(Bring DSM 5 to class)  | Remission categories & prior history, severity criteriaSubstance related disordersCoding and Reporting Procedures (page 23)Elements of a diagnosis (pg 21)Specifiers for various disorder:Dimensional Anxious specifierFunctional consequences of disordersLongitudinal and seasonal component course specifiersDescribe subtypes of phobias, etcDiagnostic terms for pain disorderFactitious disorders vs malingeringNeurocognitive disorders- mild, majorK & S, 290-,99DSM 5 –pages for each of above  |
| 12:00-12:30 pm | Lunch on your own |  |
| 12:30-1:30 pm | **Neurogenetics and Neurobiology with focus on patient teaching**  | Readings: Sadock: Chapter 1 Neurogenetics, 71-84Sadock: Chapter 1: Chronobiology: 88-92Sadock: Psychoneuroendocrinology 63-67Sadock: Immunnesystem 67-71Sadock : Neurophysiology and neurochemistry 35-63Stahl, Chapter 1, 2, 3 (review)Power point on Blackboard |
| 1:30-2:30 pm | **Coding and Billing** | Psychiatric E & M codes; Psychotherapy codesICD 10 Blackboard readings/handouts |
| 2:30-4:00 pm |  **Bipolar Disorde**r: Workshop on diagnosing and medication decision making SpecifiersManagement of bipolar depressionhypomania, maniaBipolar disorder across the lifespan | Readings: Sadock & Sadock, Bipolar Disorder ( in chapter on Major Depression and Bipolar Disorder)Stahl-Essential Psychopharm-Anticonvulsants and Antipsychotics, Lithium Stein Lerer and Stahl: Chapter 2: EB Pharmacotherapy of Bipolar Disorder Articles on blackboard., power points with voice over Focus on diagnostic evaluation for bipolar disorder. and medication choices; teaching patient about the disorderWe will do a classroom presentation/medication management visit and possible small group work including choosing topics for soap note online presentation. |
|  |  |  |
| **Feb 1, 2017** | Class 2 | PPTs and class materials posted by January 31, 2017 |
| 10:00-12:30 pmDr. Snow or staff | Addiction workshop Co-occurring disordersSBIRTMedicationsCase study | Sadock & Sadock Chapter 20 on drug and alcohol use disordersStein et al: Chapters 11, 12Stahl chapter 14 Review Stahl Prescribers Guide on Antabuse, Naltrexone/Vivitrol, Acamprosate, Suboxone, Methadone; Chantix, |
| 12:30 to 1:00 pm | Lunch on your own |  |
| 1:00 to 2:30 pm | Eating disordersLecture and workshop | DSM 5 329-354Sadock Chapter 15 Eating DisorderArticles on blackboardStein et al, chapter 10 on Eating disordersStahl on SSRIs |
| 2:30 to 4pm | Practice assessing and advising patient of choices with co-occurring disorderMedication challenge game (each student picks a card with a question and lead discussion and arrive at consensus) | Bring Stahl Prescribing Guide, other references/ webEpocrates/ articlesWill work in large group and in small groups |
|  |  |  |
| **Friday, Feb 3, 2017**  | Quiz 1; on addiction and eating disorders | Online—you will have 30 minutes to take the quiz, the quiz will be open from Fri 4 pm to Sunday 4 pm; you may only log in one time to take this quiz; you may use reference books, but may not compare or work with other students. The quiz will log you out at 30 minutes; so work fast; Medications for detox, craving, prevention of relapse, anorexia, bulimia, BED, nicotine use disorder |
| **Feb 13-Feb 17, 2017** | Post online soap case study # 1: bipolar/schizophrenia at least 4-5 posts per student on each case (2 cases per group, each group will have 2 sub-groups, post on discussion board) | 2 students in each group, one to present bipolar disorder, the other will present schizophrenia: (each group will have two sub groups as assigned by instructor) post your completed SOAP note and discussion questions, then moderate discussion daily, Monday through Friday. Post soap note by 9 am Feb 13. End discussion by 11pm Feb 17. All students in the group will be responsible for information from both SOAP discussions –you will review the information from the other group, posting not requiredSee grading sheet for grading moderating; see grading rubric for discussion responsesSOAP is based on a student’s patient from clinical experience |
|  |  |  |
| **Feb. 15, 2017** | Class 3 | Lectures posted on Feb 14, 2017 on schizophrenia/metabolic disorders |
| 10:00-12 noon | **Test #1**  |  |
| 12:00-12:30 pm | Lunch on your own |  |
| 12:30 to 2:00 pm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2:00-4:00 pm | Workshop on schizophrenia/SchizophreniaSchizoaffective disorderDifferential Diagnosis, Management Switching antipsychoticsSide effectsClozapineLAICase studiesMetabolic and cardiac considerations of atypical antipsychotics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice doing medication management visit with a case study in clinical groupsMedication challenge(each student picks a card with a question and lead discussion and arrive at consensus) **Small groups** | [www.mhc.com/algorithms/schizophrenia](http://www.mhc.com/algorithms/schizophrenia)Stahl: Essential Psychopharmacology-antipsychotics and anticholinergicsStein et al Evidence Based Psychopharm: Schizophrenia chapter 2 18-38Articles on blackboardSadock and Sadock: Chapter 7. pp300- 346Expert Consensus Guidelines for patients and families: <http://www.athealth.com/Consumer/disorders/schizophreniaguide_print.html>APA Guideline Watch (Nov 2009)<http://www.psychiatryonline.com/popup.aspx?aID=501005&print=yes_chapter>Bring Stahl Prescribers Guide, Epocrates, Sadock |
|  |  |  |
| **Friday, February 17, 2017, online activity** | Quiz 2; on diagnosis and medications for schizophrenia | Online—you will have 30 minutes to take the quiz, the quiz will be open from Fri 4 pm to Sunday 4 pm; you may only log in one time to take this quiz; you may use reference books, but may not compare or work with other students. The quiz will log you out at 30 minutes; so work fast. Review antipsychotic medications, management of side effects; clozapine guidelines; Long acting injectables. |
| **Feb 20 -24, 2017** | Post online Case study # 2; addiction/co-occurring disorders and eating disorders | 2 students in each group, one to present addiction and one to present on eating disorders: (each group will have two sub groups as assigned by instructor) post your completed SOAP note and discussion questions, then moderate discussion daily, Monday through Friday. Post soap note by 9 am Feb 20. End discussion by 11pm Feb 24.See grading sheet for grading moderating; see rubric for grading responses. SOAP is based on a student’s patient from clinical experience. |
| **Friday, Feb 24, 2017** | Medication Management write up due #1 | Post on assignment page, see rubric for details |
| **Feb 27 – March 3, 2017** | Case study on line: Post online case study # 3: Treatment resistant depression and traumatic brain injury | 2 students in each group, one to present TRD and one will present TBI: (each group will have two sub groups as assigned by instructor) post your completed SOAP note and discussion questions, then moderate discussion daily, Monday through Friday. Post soap note by 9 am Feb 27. End discussion by 11pm March 3.See grading sheet for grading moderating; see rubric for grading responsesSOAP is based on a student’s patient from clinical experience |
|  |  |  |
| **March 8, 2017** | Class 4 | \*\*\*\*\*Clinical Notebook Due—bring for Clinical instructor reviewLecture materials posted March 7, 2017 |
| 10:00-12 noon | Management of chronic pain.Dr. Howard Cohen,MDGuest speaker (TBC) | Sadock and Sadock Chapter 13, 14 articles on blackboardDSM: Pain Disorders |
| 12:00 to 12:30 pm | Lunch on your own |  |
| 12:30 to 2:00 pm |  Anxiety Disorders, OC and Trauma related disorders, TRDLecture and group work | Lecture and group work.Sadock chapter 9, 10, 11Stahl Chapter 9Stein Leher and Stahl: Chapter 5, 6, 7, 8, 9DSM 5 Anxiety, OC and Related Disorders, TraumaArticles on blackboardStein, Leher, Stahl Chapter **4**Stahl: chapter 6DSM 5 Depressive Disorder |
| 2:00-4:00 pm | Movement Disorders**Starla Harrison****(TBC)** | Sadock/Stahl: EPS, TD, DSM 5 V Codes on Movement DisordersPowerPoint and Practice: AIMSTBC |
|  |  |  |
| **Friday, March 10, 2017—online activity** | Quiz 3; on Anxiety /OC and Trauma /TRD | Online—you will have 30 minutes to take the quiz, the quiz will be open from Fri 4 pm to Sunday 4 pm; you may only log in one time to take this quiz; you may use reference books, but may not compare or work with other students. The quiz will log you out at 30 minutes; so work fastMedications to treat anxiety disorders, OC disorders and trauma and TRD |
| **March 13-17** | Spring Break!! |  |
|  |  |  |
| **March 24, 2017** | #2 Medication Management Write up due  | Post on assignment page, see rubric for details |
| **March 27-March 31, 2017** | Case studies online to be posted on Bb #4 Anxiety Disorder and OCD or PTSD  | Monitor daily, Dates for monitoring: March 27, 9am to 11 pm March 31rst. 2 students in each group, one to present on Anxiety or OCD and one to present on PTSD; (each group will have two sub groups as assigned by instructor) post your completed SOAP note and discussion questions, then moderate discussion daily, Monday through Friday. See grading sheet for grading moderating; see rubric for grading responsesSOAP is based on a student’s patient from clinical experience |
|  |  |  |
| **March 29, 2017** | 10am-4pmClass 5 Bring lunch to class as we have lectures all day! | Lecture and class materials posted by March 28, 2017 |
| 10 am to 12 noon | **Test #2** |  |
| 12 -2:00 pm | Dementia /delirium case study. Focus on assessing deficitsHormonal changes during pregnancy, lactation and postpartum Traumatic Brain InjuryDr Crumpaker guest speaker TBC or Jason  | Sadock & Sadock chapter 33Stein Chapter 13: EB Pharmacotherapy of Alzheimers DiseaseS & SReadings on blackboardS & S- p. 240Articles on blackboardDSM 5 criteria: mild or moderate neurocognitive changes due to TBI Guidelines for treating TBI |
| 2:00-4:00 pm  | Psychiatric emergenciesDr. Roger Butler, MD confirmed | Sadock: Psychiatric Emergency Management Chapter 23 |
|  |  |  |
| **Friday, March 31, 2017-online activity** | Quiz 4; on medications for dementia/delirium and Adult ADHD | Online—you will have 30 minutes to take the quiz, the quiz will be open from Fri 4 pm to Sunday 4 pm; you may only log in one time to take this quiz; you may use reference books, but may not compare or work with other students. The quiz will log you out at 30 minutes; so work fast |
|  |  |  |
| **April 3 to April 7, 2017** | Case study online and post on Bb #5NCD and delirium in the elderly  | Monitor daily, Dates for monitoring: April 3 9am to 11 pm April 7. 2 students in each group, one to present NCD and one will present Delirium in the elderly: (each group will have two sub groups as assigned by instructor) post your completed SOAP note and discussion questions, then moderate discussion daily, Monday through Friday. See grading sheet for grading moderating; see rubric for grading responsesSOAP is based on a student’s patient from clinical experienceModerate and respond to daily |
| **Friday,** **April 6, 2017****10 am to 11 am** | BON webinar  | <https://www.bon.texas.gov/catalog/#webinars>Important—must register online prior to event!Attend webinar and fill out an attestation form; submit to the assignment page for course credit-- you MUST complete this webinar. No make-up will be provided and you will not get this information any other way.  |
| **April 10 to April 14, 2017** | Case study online and posted on Bb#6Child with ADHD (complex) and ASD  | Monitor daily, Dates for monitoring: April 10 9am to 11 pm April 14. 2 students in each group, one to present complex ADHD in child and ASD: (each group will have two sub groups as assigned by instructor) post your completed SOAP note and discussion questions, then moderate discussion daily, Monday through Friday. See grading sheet for grading moderating; see rubric for grading responsesSOAP is based on a student’s patient from clinical experienceMonitor daily.  |
|  |  |  |
| **April 19, 2017** | Class 6 | Childhood disorders posted April 18, 2017 |
| 10:00 am to 12 noon | Children with comorbid disorders; complex medication managementGuest speakerDr. NatyChildhood mental health issues | Stein Chapter 1, Sadock Chapter 31DSM 5 Chapter 1 Stahl Chapter 12 |
| 12:00 to 12:30 pm | Lunch on your own |  |
| 12:30-2:30 pm | Childhood disorders group work in small groups | See above |
| 2:30 to 4:00 pm(Cont.) | HIV and Psychiatric DisordersDr. Michael Noss, DO Parkland COPC (TBC) | HIV Dementia: Sadock page 711, 733 |
|  |  |  |
| **Friday, April 21, 2017 -online activity** | Quiz #5 Childhood disorders | Online—you will have 30 minutes to take the quiz, the quiz will be open from Fri 4 pm to Sunday 4 pm; you may only log in one time to take this quiz; you may use reference books, but may not compare or work with other students. The quiz will log you out at 30 minutes; so work fast |
| **Friday, April 21, 2017** | Analysis of Guidelines Paper Due-Blackboard Assignment page | These will be posted under discussion thread after all have been turned in.  |
| **Wednesday, May 10, 2017****10 am to 2 pm** | Comprehensive Final Exam  |  |
| **Wednesday, May 10, 2017** | Submit all by this date or sooner (preferably April 30) | Clinical Notebook Due (Elog summary of semester, tally sheet, objectives and summary)Reflective journalingEvaluation of Preceptors DueClassroom and clinical evaluations onlinePreceptor evals-both therapy and med management; Reflection journal May submit in person or via email-clear with clinical instructor |

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**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation:**

Preceptor Evaluations 5/10/17 P/F \_\_\_\_\_\_\_\_

Clinical Journal

(Objectives & Summary,

Signed Tally,

Organization, E-Log

Reports, Reflective journaling 03/8/17 P/F \_\_\_\_\_\_\_\_

 05/10/17 P/F \_\_\_\_\_\_\_\_

Final Clinical Practicum with SOAP Note

(due 48 hour after practicum) 15% \_\_\_\_\_\_\_\_

Case Presentation (Blackboard) 12.5%\_\_\_\_\_\_\_\_\_
Blackboard discussion/participation 7.5% \_\_\_\_\_\_\_\_

Test #1 02/15/17 12.5% \_\_\_\_\_\_\_\_

Test #2 03/29/17 12.5% \_\_\_\_\_\_\_\_

Comprehensive Final Exam 05/10/17 15% \_\_\_\_\_\_\_\_

Analysis of Guidelines Paper 04/21/17 10% \_\_\_\_\_\_\_\_

Medication Management note #1 02/24/17 3.75% \_\_\_\_\_\_\_\_

Medication Management note #2 03/24/17 3.75% \_\_\_\_\_\_\_\_

Quizzes (5) 2/5, 2/19, 3/12, 4/2, 4/23 5% \_\_\_\_\_\_\_\_

Classroom participation 2.5% \_\_\_\_\_\_\_\_

 **100% \_\_\_\_\_\_\_\_**

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 **Journal Check #1** **Journal Check #2**

**Grading Sheet**

**Clinical Objectives/Evaluation (P/F)** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Present to each preceptor specific clinical

objectives for the experience and discuss ways to achieve these

objectives. Evaluate each objective and describe

your experiences towards these objectives in journal format.

Reflective Journaling

**E- Log –Print Out (P/F)** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Record all patients seen during your clinical rotations. Include therapy

patients. Should have close to one patient per hr at minimum of clinical time

 Include summary print out. Therapy-enter patients such as

2-3 from each group session, all family members from family therapy,

all individual therapy patients. Use correct codes for psychiatry

Summary (aggregate) form in notebook

**Clinical Hours Grid (P/F)** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

This is a record of your clinical time towards your total program hours,

recording in appropriate category. Carry forward hours from other courses

as indicated. These hours are determined based on choice as Family or Adult

PMHNP major. **Must have Preceptor signatures each day. Can put on separate**

**Page.**

**Preceptor evaluation of student (12 hours or more) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Psychotherapy evaluation of student (12 hours or more) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[www.uta.edu/nursing/MSN/forms](http://www.uta.edu/nursing/MSN/forms)

**Student Evaluation of All Preceptors**

**Overall neatness and organization (P/F)** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Notebook is organized, assignments are easy to locate. Grading sheets

are included. Send assignments to instructor by blackboard**.** Include all preceptor

agreements copies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall grade (Criteria Pass/Fail)** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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**CASE PRESENTATION MODERATOR (disorder specific SOAP note)**

The purpose of this assignment is to present online, a case involving a complicated patient with complex diagnostic and management issues. Each student will sign up for one disorder. The assignment is posted by 7 am on the assigned due date, to the Case Presentation Page of Blackboard (Class is divided into 4 groups, each group will have an A and B group) A SOAP format, as noted below, is used for this assignment. The student whose case is presented is also responsible for posting two or more questions at the end of the SOAP note. These questions should generate discussion among the group members and may be related to diagnostic challenges, medication selection issues, appropriate treatment goals, target symptoms, etc. It is expected that the case will generate other discussion as well. **The student will manage the on-line discussion over the course of the week (5 days- dates on calendar). You will be graded on the postings given to your peers as well as your presentation and moderating of discussion and summary statement. The patient you pick should have concerns relevant to the topic.**

**Demographic Data and why you chose this particular patient**

**Subjective Data: (25 points)\_\_\_\_**

Provide key significant positives and negatives in complete SOAP format

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Objective Data: (20 points)\_\_\_**

Provide key significant positives and negatives in complete SOAP format.

**Comments**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment: (15 points)\_\_\_\_**

Diagnoses. Rule out diagnosis/differential diagnoses
Differential diagnosis. Diagnostic challenges. Use theory/rationale to

support your diagnostic decisions and briefly describe neurobiology including the genetic risk for
the assigned disorder based on the patients family history, cultural factors
and environmental risk factors

**Comments**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan:**

 **(25 points)\_\_\_\_**

Pharmacological treatment: identify the treatment decisions that were made,

Medications and doses; neurobiological action of the meds, describe the rationale
used for your decisions, state the treatment goals for medication management,
cost issues, explain contingency plans for the coming weeks (i.e. if symptoms
worsen, side effects present, or titration of dosing) Therapy: what the patient
is currently receiving, what is needed, and therapy goals (evidence based)
Labs: based on comorbid conditions, current medication management.
Teaching plan: what education was provided and rationale; what other
education is needed (e.g. this section should include side effects if have not
already included them, Community Resources / Case Management challenges:

Referrals:

Follow up

**Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Moderator Presentation skills (15 points)\_\_\_**

Points for moderating will be given for the following:

* The moderator asks well written questions, using critical thinking and generating meaningful discussion. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The moderator keeps the discussion going and responds to peers in a timely manner (within 24 hours) with substantive comments and additional questions, as appropriate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The moderator uses at least 1 current (last 6 years) clinical and/or peer reviewed research reference in majority of responses. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The moderator uses correct APA format, good grammar and clarity of responses throughout the discussion. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The moderator writes a relevant summary statement at the close of the discussion

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total 100%\_\_\_\_\_**

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Spring 2017 Blackboard Discussion of Case Presentations**

This grade will be calculated at the completion for all presentations after all are completed. Grading will be according to posted rubric on blackboard. Faculty will monitor discussion and may ask additional questions. Please keep discussions going for each presentation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Novice = 25%** | **Competent = 50%** | **Proficient = 75%** | **Expert = 100%** |
| **Content****Weight = 25%** | Does not address original topic and/or lacks critical thinking | Only uses personal/ professional experiences w/o supplemental references in responses  | Responses refer to content in the course PPTs & text relevant to the topic, & relevant clinical experiences. no additional info added | Participant refers to relevant professional literature in at least 2 responses, relevant clinical experiences address the original topic/demonstrates high level of critical thinking |
| **Participation****Weight = 25%** | Participation is without meaningful contribution. Student agrees/disagrees with peers, does not interact with group members | Restates what others have said w/o adding meaningful comments. Little interaction w/peers. | Participates by responding to peer comments w/o adding new insights or information. Moderate interaction w/peers. | Actively contributes new thoughts & ideas to topic through participation. The individual student interacts w/the others in their group in their responses throughout discussions.  |
| **Integration****Weight = 25%** | Does not integrate supplemental materials into the discussion | Refers to course PPTs & texts, does not integrate supplemental references | Provides at least 2 links to web references or at least 1 peer reviewed article or combo of 2 relevant to discussion topic | Provides at least 2 annotated references from professional literature. May include web references but must include 2 peer reviewed articles during week |
| **Timeliness****Weight = 12.5%** | Responds to threads in >72 hrs, less than 4 posts total | Responds to threads within 72 hrs, less than 4 posts total | Responds to threads within 24 hrs, at least 4 posts | Responds to most posts within 24 hrs, at least 4 posts total |
| **Grammar/APA formatting****Weight = 12.5%** | Does not adhere to APA format, uses old references, no peer reviewed clinical articles, numerous grammatical & spelling errors | Makes frequent APA errors, references exp based, class PPTS, textbooks or syllabus. Basic sentence structure | Rare APA errors, relies of web links, YouTube, etc rather than peer reviewed. Few grammatical errors, syntax | Excellent APA formatting. References are relevant, timely, peer reviewed. No grammatical, spelling errors, graduate level writing demonstrated. |

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**Analysis of Treatment Guidelines**

**Presentation and Handout Criteria**

**Objectives**

1. Identify available treatment guidelines/protocols/standards/algorithms for a particular disorder.
2. Critically evaluate each treatment guideline/protocol/ standard/algorithm.
3. Utilize critical-thinking and deductive reasoning skills to modify existing treatment guidelines to meet practice and patient needs.
4. Communicate analysis results in a comprehensive, concise, and logical manner.

**Criteria**

Select a disorder encountered in your clinical area and write a 10-12 page paper addressing each of the following:

1. Identify the disorder and explain why you selected this topic (e.g. prevalence, what you are seeing in clinical practice sites, etc). Describe the practice setting **(5 points**)

2. List and briefly describe the available treatment guidelines/protocols/standards/algorithms to be analyzed. This should be exhaustive list from multiple sources as available. May include UK or Canadian sources, etc. **(10 points)**

3. Compare and contrast each, with special attention directed to the:

 a. Author (organization), year of publication, level of evidence used to support the treatment guideline/protocol/standard/algorithm. Include recommended treatment,

 Medications and therapy. Include: what research studies support its use, the quality of

 those studies, the sample size, study design, subjects and how they were selected . Do they

 represent the patient population seen in your clinical area?

 b. The relevancy, utility and ease of use in your clinical area.

 c. Identify any population, treatment or therapy inadequately covered or ignored. Example: age, gender, or cultural issues that were not addressed; exclusion of a particular therapy

 or medication that, if included, would improve their application in your clinical practice.

1. **points)**

4. Select one treatment guideline and explain why you selected the existing protocol and what modifications you will make to this protocol to improve relevancy to PMHNP practice based on critique (**20 points)**

1. **Include an evaluation from one practicing clinician regarding the relevance to current PMHNP practice and feasibility of implementation in practice setting and barriers to implementation (reimbursability, etc) (10 points)**
2. Provide a comprehensive list of references (APA format) including websites for online guidelines **(5 points)**

(Paper to be uploaded on the Discussion Board in Blackboard for peers and Assignment page for grading).

**The University of Texas at Arlington**

**College of Nursing and Health Innovation**

**N5425 Psychiatric Mental Health II**

**Spring 2017 Medication Management Note**

You are to submit minimum of **2** medication management notes using following format; use narrative format for subjective; be very descriptive and specific to patient. Adapt to settings/ patient problems. This is meant to be for patient visit that you do mostly or all independently, so that you can focus on covering all of the areas listed that are relevant to this patient. This soap outline below is not necessarily complete. If you submit a psychiatric evaluation, use the SOAP note format from 5424. You may submit your actual notes as well but you must complete this format.

Date; Clinical site/preceptor

S:

Patient: Demographic: who came with patient; age, gender, race marital status, reliability;

CC: (patient’s words in quotes) (**5 points**)

HPI (**30 points**)

Summary of patient’s explanation of chief complaint, including response of medications on target symptoms, effect on functioning,

Sleep:

Appetite/weight gain or loss:

Energy:

Anhedonia:

Mood:

SI/HI

Anxiety (if anxiety disorder, give progress on each disorder)

Mania

Psychosis

Other targeted symptoms: memory, attention, focus, concentration, agitation, violence, function, alcohol and drug use (get full details)

Current list of meds

Psych meds (list each with dose) (side effects - list & present or not) any missed doses/reason?

PRN meds (state how often took them and why; excess over prescribed)

Non-psych meds and dose and who prescribed meds.

OTC including vitamins and doses-taken daily or only now and then

Herbal or diet treatments (how long, response, effect on psych symptoms)

Current medical problems/new and/or progress of existing (ROS)

Stressors –old, new and coping skills employed

Emergency meds, restraints, if hospitalized.

Hospital visits

Last time had labs done

Current therapy, classes attending, school progress

Other psychosocial data, e.g. applied for SSI, working on job resume, fired from job

Any new history discovered during the session (e.g. FH data on bipolar disorder)

O: **( 20 points**)

VS , Wt/BMI./ waist circumference, etc

Recent Labs and dates: (e.g. record lithium, Depakote levels, WBC, thyroid, relevant lab results and date)

Mental status exam (adapt to patient)

Appearance:

Behavior:

Speech:

Mood: rate

Affect

Perceptual disturbance

Thought content: delusions/SI

Thought process

Alertness and level of consciousness

Orientation

Memory

Concentration and attention

3 stage command

Capacity to read and write

Visuospatial

Abstract thinking

Fund of information

Judgment

Insight:

Assets/strengths

Liabilities

Screenings done

A: (**15 points)**

Diagnoses-discuss decision making related to diagnosis

Medical diagnoses

Rule outs, differential? Discuss rationale

Progress: (describe summary of progress, or worsening of symptoms, or response to meds and treatment)

Problems: ongoing, new, resolved

(Brief rationale for decisions about all diagnoses using DSM 5 criteria)

P: (**30 points) PROVIDE RATIONALE FOR ALL DECISIONS**

1. Medications: (Continue/start, (#mg, schedule), change, discontinue, how to taper, how to titrate, consider at future appointment + rationale, # pills provided, RX, # pills, # refills, samples (#), cost (write prescription)
2. Labs or other tests
3. Therapy: (referral to x, continue with x, goals)
4. Education: (e.g. mood diary, food diary) what bibliotherapy provided, what written information provided (can attach copy). State: instructed patient on side effects, risk of weight gain, setting goals for exercise; etc.
5. Counseling: (e.g. goals: patient agrees to not drink for next 2 weeks)
6. Referral/ consultation
7. Follow up: when to call, next appointment, other instructions given

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can indicate what you would have done if some of the areas not done.

**Tips for Follow up Medication Management Notes**

:

1. Subjective Data: Focus on what has happened since the last visit-update on symptoms, include relevant quotes from patient. Include significant positives and negatives. Include duration and severity of symptoms/problems. Select patient who you have significant amount of information.
2. Objective data- brief notation of each area-include significant positives and negatives-e.g. denies reckless behavior ( judgment ), rates mood 40/50 (50 being level), no A/V/Hallucinations, note change (more restless, more fidgety), eye contact good
3. Any screenings done (e.g. AIMS), recording of lab and VS e.g. what is most recent lithium level, date of level, last date of thyroid testing, etc. BMI, waist circumference, weight if applicable, other physical symptoms
4. Focus your thinking on “is this the correct diagnosis?” is this the correct medication(s), do we decrease the med, increase a med, change a med, stop a med, or change the dosing schedule of the med (e.g. if taking in AM and is sedating, change to PM)
5. Write diagnosis for this patient, updating for this visit; write current mood or most recent mood if Bipolar

1. Write plan for this patient including all areas. If continuing the same meds, write them down, with the doses and schedule for taking. “Continue Paxil 20 mg qHS. If new med, write Start Wellbutrin 150mg. XL qam, etc. If giving samples, indicate how many, if given RX, indicate # of pills and # of refills

**The University of Texas at Arlington College of Nursing and Health Innovation**

**N5425 Psychiatric Mental Health Nursing II**

**Tips for Psych Evaluation - SOAP Note**

1. **SOAP note should be completed on a psychiatric evaluation patient.**
2. **Be sure to review and cover all SOAP note grading criteria.**
3. **Follow provided SOAP note format when completing assignment.**
4. **If there is any information that was not obtained during interview, be sure to review chart for that information.**
5. **If information not asked during interview and not obtained through chart, type in italics what you would have asked.**
6. **Review of systems and physical exam should be focused and pertinent ONLY.**
7. **If there was an intervention completed that you would have done differently, please type in italics what you would have done and why.**
8. **Be sure to provide rationale for ALL of your interventions.**

**The University of Texas at Arlington**

**College of Nursing and Health Innovation**

**N5425 Psychiatric Mental Health II**

**Spring 2016**

**Format for SOAP Note**

**A. SUBJECTIVE**

**Client identifying information**

**Chief Complaint**

**History of Present Illness**

Neurovegetative Symptoms:

Sleep

Appetite and weight

Energy

Concentration

Anhedonia

Mood

Diurnal variation of mood

SI/HI

Anxiety-all disorders

Mania

Psychosis

Sexual interest/performance

**Psychiatric History**

**Alcohol and Other Drug use History**

**Current Health Status:**

Allergies

Medical Conditions

Current prescribed medications

Health maintenance behaviors

Last menstrual period

Last physical exam

**Past Health Status:**

Major Childhood Illnesses

Major Illnesses

Accidents

Menstrual & pregnancy hx

Hospitalizations

Surgeries

**Family History**

**Developmental History**

**Social History**

Current health habits/ADLs

Educational History

Hobbies, talents, interests

Legal History

Current Living Situation

Marital and Relationship History

Work History

Financial Status

Military History

Religion/Spirituality

Social network/support system

Sexual History

**Focused Review of Systems**

**B. OBJECTIVE**

**Mental Status Exam**

Appearance

Behavior & psychomotor activity

Attitude toward examiner/reliability

Mood

Affect

Speech

Perceptual disturbance

Thought processes

Thought content

Alertness and level of consciousness

Orientation

Memory

Concentration and attention

Capacity to read and write

Visuospatial ability

Abstract thinking, proverbs, and similarities

Fund of information and intelligence

Judgment

Insight

Assets/strengths

Liabilities

Do full MMSE if memory concerns or over age 65 (score 1-30)

**Other objective data**

Vital Signs

Height/Weight/BMI

Lab results

Screening tool results

**Pertinent physical exam**

**C. ASSESSMENT**

**Diagnoses**

**Medical diagnoses**

**Differential diagnoses:** (generally is the medical causes of the symptoms, such as hypothyroidism or brain tumor, for example)

**Rule out diagnoses:** (generally refers to DSM 5 diagnoses that you suspect and will continue to evaluate for; e.g. if someone has MDD, then one R/O is Bipolar II Disorder, Most Recent Episode Depressed)

**DSM-5 criteria: (**what criteria are met, what criteria are not met at this time; how arrived at decision re the diagnosis)

**D. NEUROBIOLOGY (include in rationale for treatment plan) )**

**Genetics**

**Neurotransmitters**

**Neuroanatomical changes**

**Current theories of causation**

**Cultural factors**

 **PLAN & RATIONALE**

**Labs/ Diagnostic Tests/ Screening Tools**

**Medications**

Dosage & directions

Why this med?

 Neurochemistry & MOA

 Side effects

 Expected benefits

 Contraindications

 Black Box Warnings

**Therapy prescription**

Type(s), duration, etc

 Why this therapy?

 Expected benefits

 Therapy goals

**Teaching plan**

Safety plan

 Diet and exercise

 Sleep

 Stress management/set goals/ homework

 Health promotion

 Relationship issues

 Resources (bibliotherapy, websites, etc)

 Teach about meds, side effects, caution

 Other

**Referrals and consultations**

PCP for physical exam or other follow up for symptoms

 Psychoneurological assessment (eg. child with learning disorder)

 Outpatient substance abuse treatment, etc

 Inpatient hospitalization

**Follow up**

Time frame for next appointment based on assessment, safety

**CLINICAL WORKSHEET FOR Typhon**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client # (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Ethnicity \_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnostics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medical diagnoses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client complexity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The University of Texas at Arlington College of Nursing & Health Innovation**

N5425 Psych-Mental Health II (Family) 2017

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL= 675 hr in program (585 psych hours)**

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| **TYPE OF HOURS (Required)** | **1/18-1/22** | **1/23-1/29** | **1/30-2/5** | **2/6-2/12** | **2/13-2/19** | **2/20-2/26** | **2/27-3/5** | **3/6-3/12** | **3/13-3/19** | **3/20-3/26** | **3/27-4/2** | **4/3-4/9** | **4/10-4/16** | **4/17-4/23** | **4/24-4/30** | **5/1-5/7** | **Hrs. From Previous Semester** | **Hours this semester** | **TOTAL** |
| **Adult Psych Mgmt. 180 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Child & Adol. Psych Mgmt.****175 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Geriatric Psych Mgmt.****20 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Adult Medical Mt. 45 Required****(N5305)­­** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Addiction****45 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group Therapy****50 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Family Therapy****40 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Individual****Therapy****50 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Seminars****Practicum****25 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pedi. Med Mgmt.** **45 Required** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Hours:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Semester:

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| Date | Type of experience | Preceptor name | Signature of preceptor |  |
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